ARTICLE 44:66

HOSPITAL CHARGE REPORTING

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CHAPTER 44:66:01

DEFINITIONS

Section

44:66:01:01 Definitions.

44:66:01:01. Definitions. Terms used in this article mean:

- (1) "Case severity rating," the weighted numeric relative value reflecting average resource consumption by patients in a hospital for its <u>APR</u> DRGs over a particular period of time;
- (2) "Charge," that amount a hospital would expect to charge for an inpatient diagnostic-related group;
 - (3) "Department," the South Dakota Department of Health;

(4) "All patient refined Diagnosis-related group," "APR DRG," a classification assigned to

an inpatient hospital service claim based on the patient's age and sex, the principal and

secondary diagnoses, the procedures performed, and the discharge status;

(5) "CMS Uniform Bill-04," "UB-04," a standardized form from the Centers for Medicare

and Medicaid Services used to electronically submit claims for health care received in an

institutional setting to payers;

(6) "Hospital variation," any of several factors, including cross subsidization of

governmental payers and uncompensated care, regional staffing costs, services specialization,

and operational cost structures and capital expenses that comprise a hospital's charge

structure;

(7) "Median charge," the charge representative of the amount that half of patients were

charged more than and half were charged less than; and

(8)(7) "Patient variation," any of several factors, including age, preexisting condition,

comorbidity, reaction to medication or treatment, and time of recovery that influences treatment

decisions and affects resource consumption; and

(8) "SDAHO," the South Dakota Association of Healthcare Organizations.

Source: 32 SDR 69, effective November 7, 2005; 34 SDR 88, effective September 10,

2007.

General Authority: SDCL 34-12E-11.

Law Implemented: SDCL 34-12E-11.

CHAPTER 44:66:02

REPORTING REQUIREMENTS

Section

44:66:02:01 Entities required to report.

44:66:02:02 Organization and structure.

44:66:02:03 Required <u>patient</u> data to be reported.

44:66:02:03.01. Required financial data to be reported.

44:66:02:04 Timelines for reporting.

44:66:02:01. Entities required to report. Each hospital licensed pursuant to SDCL chapter 34-12 shall report annually to the department SDAHO the charges charge information for the twenty-five most common inpatient APR DRGs for which there are at least ten cases rendered by the hospital during the twelve months preceding the report. In those instances where a hospital does not have twenty-five DRGs with at least ten or more cases rendered, the hospital shall report on those DRGs that have at least ten cases rendered. If a hospital has more than one DRG in the twenty-fifth rank, the hospital shall report charge information for each DRG falling into the twenty-fifth rank. Any hospital not utilizing APR DRGs is exempt from the reporting requirement.

Source: 32 SDR 69, effective November 7, 2005.

General Authority: SDCL 34-12E-11.

Law Implemented: SDCL 34-12E-11.

44:66:02:02. Organization and structure. The department SDAHO is responsible for

the everall collection, validation, analysis, and dissemination of data and information related to

reporting required in § 44:66:02:03. The department may enter into agreements or contracts

with other public and private entities in performing these functions.

Source: 32 SDR 69, effective November 7, 2005.

General Authority: SDCL 34-12E-11.

Law Implemented: SDCL 34-12E-11(2).

44:66:02:03. Required patient data to be reported. Each hospital required to report

pursuant to § 44:66:02:01 shall provide the following information from the UB-04 form:

(1) Record type;

(2) Hospital number;

(3) Patient control number;

(4) Date of birth;

(5) Sex;

(6) Admission date;

(7) Principal diagnosis;

(8) Admitting diagnosis;

(9) Principal procedure;

(10) Discharge date;

(11) Patient status; and

(12) Total charges.

All other fields on the UB-04 form shall be submitted as entered on the form or submitted with filler data as specified by the department SDAHO.

Source: 32 SDR 69, effective November 7, 2005; 34 SDR 88, effective September 10, 2007.

General Authority: SDCL 34-12E-11.

Law Implemented: SDCL 34-12E-11(1).

44:66:02:03.01. Required financial data to be reported. Each hospital required to report pursuant to §44:66:02:01 shall annual provide financial information including revenue by type, uncompensated care, and revenue by payor on a form provided by the department.

Source:

General Authority: SDCL 34-12E-11.

Law Implemented: SDCL 34-12E-11.

44:66:02:04. Timelines for reporting. Each hospital shall provide to the department, or the department's designee, <u>SDAHO</u> the <u>patient</u> data elements described in § 44:66:02:03 by the following dates:

First Quarter (January-March)

July 1 of the same year

Second Quarter (April-June) October 1 of the same year

Third Quarter (July-September)

January 1 of the following year

Fourth Quarter (October-December)

April 1 of the following year

Each hospital shall provide to SDAHO the financial data described in §44:66:02:03.01 by

May 1 of each year for the fiscal year corresponding to the annual reporting period of the patient

data elements described in §44:66:02:03.

Source: 32 SDR 69, effective November 7, 2005.

General Authority: SDCL 34-12E-11.

Law Implemented: SDCL 34-12E-11.

CHAPTER 44:66:03

REPORTS TO PUBLIC

Section

44:66:03:01

Annual publication of data.

44:66:03:02

Data to be published.

44:66:03:01. Annual publication of data. The department SDAHO shall publish hospital

charge information data based on a calendar year. All data shall be available on the department

website and in written format upon request.

Source: 32 SDR 69, effective November 7, 2005.

General Authority: SDCL 34-12E-11.

Law Implemented: SDCL 34-12E-11(3) 34-12E-11.1.

44:66:03:02. Data to be published. The data to be published in accordance with §

44:66:02:01 shall include the following:

(1) Volume of cases by APR DRG required to be reported by hospital;

(2) Rank by volume of the top twenty-five DRGs required to be reported by hospital;

(3) Median charge for each of the top twenty-five DRGs with more than ten occurrences

by hospital;

(4)(2) Case severity rating by hospital; and

(5)(3) A general disclaimer statement regarding those hospital variations and patient

variations that affect the actual charges to patients.

Source: 32 SDR 69, effective November 7, 2005.

General Authority: SDCL 34-12E-11 34-12E-11.1.

Law Implemented: SDCL 34-12E-11(3).